

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 10/599,650 | | FILING DATE 10-4-06 | | | | |
|--|-----------------------------|------|------------------------------------|------|------------------------------------|------|---------------------------------|----------|-------------------------------|------------------------------------|------|------------------------------------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED <i>after 19</i> | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 2 | | | | | | | | | | | |
| 4 | | 0 | | | | | | | | | | | |
| 5 | | 0 | | | | | | | | | | | |
| 6 | | 0 | | | | | | | | | | | |
| 7 | | 0 | | | | | | | | | | | |
| 8 | | 0 | | | | | | | | | | | |
| 9 | | 0 | | | | | | | | | | | |
| 10 | | 0 | | | | | | | | | | | |
| 11 | | 0 | | | | | | | | | | | |
| 12 | 1 | | | | | | | | | | | | |
| 13 | 1 | | | | | | | | | | | | |
| 14 | | 2 | | | | | | | | | | | |
| 15 | | 0 | | | | | | | | | | | |
| 16 | 1 | | | | | | | | | | | | |
| 17 | 1 | | | | | | | | | | | | |
| 18 | | 2 | | | | | | | | | | | |
| 19 | | 0 | | | | | | | | | | | |
| 20 | | 0 | | | | | | | | | | | |
| 21 | | 0 | | | | | | | | | | | |
| 22 | | 0 | | | | | | | | | | | |
| 23 | | 0 | | | | | | | | | | | |
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| TOTAL IND. | 6 | ↓ | | ↓ | | ↓ | | | | | | | |
| TOTAL DEP. | 21 | ← | | ← | | ← | | | | | | | |
| TOTAL CLAIMS | 27 | | | | | | | | | | | | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ | | | | | | | |
| TOTAL DEP. | | ← | | ← | | ← | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |